FORM D

PROCESSED

JAN 28 2008

THOMSUN
FINANCIAL

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

## FORM D

# NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

| 142          | 4960             |  |  |  |  |
|--------------|------------------|--|--|--|--|
| OMB APPROVAL |                  |  |  |  |  |
| OMB Number:  |                  |  |  |  |  |
| Expires:     |                  |  |  |  |  |
| Estimated    | l average burden |  |  |  |  |
| hours per    | response         |  |  |  |  |

SEC USE ONLY

DATE RECEIVED

Serial

Prefix

| O. VII   |                        |                         | 2122112   |  |
|--|------------------------|-------------------------|-----------|--|
| Name of Offering ( check if this is an amend   | lment and name has     | changed, and indicate   | change.)  |  |
| Series A Preferred Stock Financing             |                        |                         |           | SEC                                    |
| Filing Under (Check box(es) that apply):       | Rule 504               | ☐ Rule 505              | 🛛 Rul     |  |
| Type of Filing: New Filing Amendme             | ent                    |                         |           | Section                                |
|  |                        | DENTIFICATION           | DATA      | JAN 18 ZIINA                           |
| 1 Enter the information mayorted about t       |                        | DENTIFICATION           | DATA      | JAN 1.8 2008                           |
| 1. Enter the information requested about the   |                        |                         |           |  |
| Name of Issuer ( check if this is an amendm    | ent and name has cha   | inged, and indicate ch  | iange.)   | Washington, DC                         |
| HAYDENBURRI LANE                               |                        |                         |           | Telephone Number (including Area Code) |
| Address of Executive Offices                   | (Numbe                 | er Street, City, State, | Zip Code) | Telephone Nümber (including Area Code) |
| 6114 La Salle Avenue, #285                     | Oaklar                 | d, California 94611     |           | (510) 339-8559                         |
| Address of Principal Business Operations       | (Numbe                 | er Street, City, State, | Zip Code) | Telephone Number (including Area Code) |
| (if different from Executive Offices)          |                        |                         |           |  |
| 133 Pershing Drive                             | Oaklar                 | d, California, 94611    |           | (510) 339-8559                         |
| Brief Description of Business                  |                        |                         |           |  |
| Children's multi-media and product company     | ny                     |                         |           |  |
| Type of Business Organization                  |                        |                         |           | 1   1   1   1   1   1   1   1   1   1  |
| ☑ corporation ☐ lim                            | ited partnership, alre | ady formed              | other (pl | ease specify):                         |
| ☐ business trust ☐ lim                         | ited partnership, to b | e formed                |           | —————————————————————————————————————— |
|  | Mon                    | th Year                 |           | 00022001                               |
| Actual or Estimated Date of Incorporation or C | Organization 0         | 7 0 2                   | ⊠ A∈      | ctual Estimated                        |
| Jurisdiction of Incorporation or Organization: |                        | . Postal Service abbre  |           |  |
|  |                        | FN for other foreign j  |           | CA                                     |
|  |                        |                         |           | <u> </u>                               |

# **GENERAL INSTRUCTIONS**

### Federal

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

### State

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix in the notice constitutes a part of this notice and must be completed.

### ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption state exemption unless such exemption is predicated on the filing of a federal notice.

| A. BASIC IDENTIF  | CATION DATA                   |  |   |
|---|-------------------------------|--|---|
| 2. Enter the information requested for the following:   |                               |  |   |
| <ul> <li>Each promoter of the issuer, if the issuer has been organized within the Each beneficial owner having the power to vote or dispose, or direct the</li> <li>Each executive officer and director of corporate issuers and of corporate</li> <li>Each general and managing partner of partnership issuers.</li> </ul> | vote or disposition of, 10% o | r more of a class of equers of partnership issuers | ity securities of the issuer;<br>s; and |
| Check Box(es) that Apply:  Promoter  Beneficial Owner   | Executive Officer             | □ Director   | ☐ General and/or<br>Managing Partner    |
| Full Name (Last name first, if individual)  Burri, Hillary Hayden   |                               |  |   |
| Business or Residence Address (Number and Street, City, State, Zip Code)  |                               |  |   |
| 133 Pershing Drive, Oakland, California, 94611  Check Box(es) that Apply: ☐ Promoter ☒ Beneficial Owner   | ☐ Executive Officer           | Director   | General and/or Managing Partner         |
| Full Name (Last name first, if individual)  Bolt, James   |                               |  |   |
| Business or Residence Address (Number and Street, City, State, Zip Code) 6688 Colton Boulevard, Oakland, California, 94611  |                               |  |   |
| Check Box(es) that Apply:  Promoter Beneficial Owner  | ☐ Executive Officer           | Director   | General and/or Managing Partner         |
| Full Name (Last name first, if individual)  |                               |  |   |
| Business or Residence Address (Number and Street, City, State, Zip Code)  |                               |  |   |
| Check Box(es) that Apply:  Promoter Beneficial Owner  | ☐ Executive Officer           | Director   | General and/or Managing Partner         |
| Full Name (Last name first, if individual)  |                               |  |   |
| Business or Residence Address (Number and Street, City, State, Zip Code)  |                               |  |   |
| Check Box(es) that Apply:  Promoter Beneficial Owner  | ☐ Executive Officer           | ☐ Director   | General and/or Managing Partner         |
| Full Name (Last name first, if individual)  |                               |  |   |
| Business or Residence Address (Number and Street, City, State, Zip Code)  |                               |  |   |
| Check Box(es) that Apply:  Promoter Beneficial Owner  | ☐ Executive Officer           | Director   | General and/or Managing Partner         |
| Full Name (Last name first, if individual)  |                               |  |   |
| Business or Residence Address (Number and Street, City, State, Zip Code)  |                               |  |   |
| Check Box(es) that Apply:  Promoter Beneficial Owner  | Executive Officer             | Director   | General and/or Managing Partner         |
| Full Name (Last name first, if individual)  |                               |  |   |
| Business or Residence Address (Number and Street, City, State, Zip Code)  |                               |  |   |
|   |                               |  |   |

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|                                  | -  |   |   | B. I.  | NFORMAT                          | ION ABOU                        | T OFFERI                    | NG                              |                                 |                          |                | NI.            |
|----------------------------------|--|---|---|--|----------------------------------|---------------------------------|-----------------------------|---------------------------------|---------------------------------|--------------------------|----------------|----------------|
| 1.                               | Has the issuer so  | old, or does t  | the issuer int<br>Answer a  | end to sell, t<br>Ilso in Appe               | o non-accreo                     | lited investo<br>n 2, if filing | rs in this off<br>under ULO | ering?<br>E                     | •••••                           |                          | Yes            | No<br>⊠        |
| 2.                               | What is the mini   | imum invect   | ment that wi  | Il he accente                                | ed from any i                    | individual?                     |                             |                                 |                                 |                          | \$ No          | nitation       |
|                                  |  |   |   |  |                                  |                                 |                             |                                 |                                 |                          | Yes            | No             |
|                                  | Does the offering<br>Enter the inform  |   |   |  |                                  |                                 |                             |                                 |                                 |                          | ×              |                |
|                                  | or similar remun<br>listed is an assoc<br>of the broker or<br>forth the informa  | neration for so<br>ciated persor<br>dealer. If mo                             | solicitation on<br>n or agent of<br>ore than five                   | f purchasers<br>a broker or<br>(5) persons   | in connection<br>dealer registe  | on with sales<br>ered with the  | of securitie<br>SEC and/or  | s in the offer<br>rwith a state | ring. If a per<br>or states, li | son to be<br>st the name |                |                |
| ٨                                | Name (Last nam   |   | Ÿ   |  |                                  |                                 |                             |                                 |                                 |                          |                |                |
| Busi                             | ness or Residence  | æ Address (1  | Number and  | Street, City                                 | , State, Zip (                   | Code)                           |                             |                                 |                                 |                          |                |                |
| Nam                              | e of Associated  | Broker or De  | ealer   |  |                                  |                                 |                             | · · · ·                         |                                 |                          |                |                |
|                                  | es in Which Perso<br>(Check "All Stat  |   |   |  |                                  |                                 |                             |                                 |                                 |                          |                | States         |
| AL                               | , AK   | ΑZ  | AR  | CA   | со                               | СТ                              | DE                          | DC                              | FL                              | GA                       | HI             | ID             |
| IL                               | IN   | IA  | KS  | KY   | LA                               | ME                              | MD                          | MA                              | MI                              | MN                       | MS             | MO             |
| ΜΊ                               | r ne   | NV  | NH  | NJ   | NM                               | NY                              | NC                          | ND                              | ОН                              | OK                       | OR             | PA             |
| RI                               | SC   | SD  | TN  | TX   | UT                               | VT                              | VA                          | WA                              | WV                              | WI                       | WY             | PR             |
| Full                             | Name (Last nam   | e first, if ind   | lividual)   |  |                                  |                                 |                             |                                 |                                 |                          |                |                |
| Busi                             | ness or Residence  | æ Address (1  | Number and  | Street, City                                 | , State, Zip (                   | Code)                           |                             |                                 |                                 |                          | _              |                |
| Nam                              | e of Associated  | Broker or D   | ealer   |  |                                  |                                 |                             |                                 |                                 |                          |                |                |
| <b>~</b>                         | es in Which Perso  |   |   |  | Solicit Pur                      |                                 | *****                       |                                 | ******                          |                          |                | States         |
|                                  | (CIICON AII SIG  |   |   |  |                                  | OTT                             | DE                          | DC                              | FL                              | GA                       | НІ             | ID             |
|                                  | •  | AZ  | AR  | CA   | co                               | CT                              | DE                          |                                 |                                 |                          |                |                |
|                                  | •  | AZ<br>IA  | AR<br>KS  | CA<br>KY                                     | CO<br>LA                         | ME                              | MD                          | MA                              | MI                              | MN                       | MS             | MO             |
| AL                               | AK<br>IN<br>T NE   |   |   | KY<br>NJ                                     | LA<br>NM                         | ME<br>NY                        | MD<br>NC                    | ND                              | ОН                              | OK                       | MS<br>OR       | PA             |
| AL<br>IL                         | , AK<br>IN   | IA  | KS  | KY   | LA                               | ME                              | MD                          |                                 |                                 |                          | MS             | MO<br>PA<br>PR |
| AL<br>IL<br>MT<br>RI             | AK<br>IN<br>T NE   | IA<br>NV<br>SD  | KS<br>NH<br>TN  | KY<br>NJ                                     | LA<br>NM                         | ME<br>NY                        | MD<br>NC                    | ND                              | ОН                              | OK                       | MS<br>OR       | PA             |
| AL<br>IL<br>MT<br>RI<br>Full     | AK<br>IN<br>IN NE<br>SC  | IA<br>NV<br>SD<br>ne first, if ind  | KS<br>NH<br>TN<br>tividual)   | KY<br>NJ<br>TX                               | LA<br>NM<br>UT                   | ME<br>NY<br>VT                  | MD<br>NC                    | ND                              | ОН                              | OK                       | MS<br>OR       | PA             |
| AL<br>IL<br>MT<br>RI<br>Full     | AK IN T NE SC Name (Last nam   | IA NV SD e first, if index Address (1   | KS NH TN tividual)  | KY<br>NJ<br>TX                               | LA<br>NM<br>UT                   | ME<br>NY<br>VT                  | MD<br>NC                    | ND                              | ОН                              | OK                       | MS<br>OR       | PA             |
| ALL IIL MT RI Full Busin         | AK IN NE SC Name (Last nam   | IA NV SD e first, if inc e Address (I Broker or Do ons Listed H               | KS NH TN fividual) Number and ealer las Solicited                   | KY NJ TX  Street, City or Intends to         | LA<br>NM<br>UT<br>, State, Zip ( | ME<br>NY<br>VT<br>Code)         | MD<br>NC<br>VA              | ND<br>WA                        | OH<br>WV                        | OK<br>WI                 | MS<br>OR       | PA<br>PR       |
| ALL IIL MT RI Full Busin         | AK IN IN IN SC SC Name (Last nameness or Residence te of Associated to the control of the contro | IA NV SD e first, if inc e Address (I Broker or Do ons Listed H               | KS NH TN fividual) Number and ealer las Solicited                   | KY NJ TX  Street, City or Intends to         | LA<br>NM<br>UT<br>, State, Zip ( | ME<br>NY<br>VT<br>Code)         | MD<br>NC<br>VA              | ND<br>WA                        | OH<br>WV                        | OK<br>WI                 | MS<br>OR<br>WY | PA<br>PR       |
| AL IL MT RI Full Busin Nam       | AK IN IN IN SC SC Name (Last nameness or Residence te of Associated to the control of the contro | IA NV SD e first, if ince Address (I Broker or De ons Listed H tes" or check  | KS NH TN fividual) Number and ealer las Solicited k individual      | KY NJ TX  Street, City or Intends to States) | LA<br>NM<br>UT<br>, State, Zip ( | ME<br>NY<br>VT<br>Code)         | MD<br>NC<br>VA              | ND<br>WA                        | OH<br>WV                        | OK<br>WI                 | MS<br>OR<br>WY | PA<br>PR       |
| AL IL MT RI Full Busin Nam State | AK IN  | IA NV SD e first, if inc e Address (I Broker or De ons Listed H tes" or check | KS NH TN  lividual)  Number and ealer  as Solicited k individual AR | KY NJ TX  Street, City or Intends to States) | LA NM UT  , State, Zip (         | ME<br>NY<br>VT                  | MD<br>NC<br>VA              | ND<br>WA                        | OH<br>WV                        | OK<br>WI                 | MS<br>OR<br>WY | PA<br>PR       |

| 1. | Enter the aggregate offering price of securities included in this Offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.   |            |                             |  |            |                                    |
|----|---|------------|-----------------------------|--|------------|------------------------------------|
|    | Type of Security  | c          | Aggregate<br>Offering Price |  | Amo        | unt Already<br>Sold                |
|    | Debt  | \$_        | (                           | )  | <b>s</b>   | 0                                  |
|    | Equity  | <b>s</b> _ | 2,000,000                   | )  | \$         | 175,000                            |
|    | ☐ Common ☑ Series A Preferred   |            |                             |  |            |                                    |
|    | Convertible Securities (including warrants)   | <b>s</b> _ |                             | <u>)                                    </u> |            | 0                                  |
|    | Partnership Interests   | \$_        | (                           | <u> </u>                                     | \$         | 0                                  |
|    | Other (Specify)   | \$_        | (                           | <u>)</u>                                     | s          | 0                                  |
|    | Total   | \$_        | 2,000,000                   | <u>)                                    </u> | s          | 175,000                            |
|    | Answer also in Appendix, Column 3, if filing under ULOE   |            |                             |  |            |                                    |
| 2. | Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under <u>Rule 504</u> , indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."    |            | Nember                      |  | <b>A</b> . |                                    |
|    |   |            | Number<br>Investors         |  | Doll       | ggregate<br>ar Amount<br>Purchases |
|    | Accredited Investors  | _          | 2                           | _  | <b>s</b>   | 175,000                            |
|    | Non-accredited Investors  | _          | 0                           | _  | \$         | 0                                  |
|    | Total (for filings under Rule 504 only)   | _          |                             | _  | \$         |                                    |
|    | Answer also in Appendix, Column 4, if filing under ULOE   |            |                             |  |            |                                    |
| 3. | If this filing is for an offering under <u>Rule 504</u> or <u>505</u> , enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1.  |            | Type of                     |  | Doll       | ar Amount                          |
|    | Type of Offering  |            | Security                    |  | D011       | Sold                               |
|    | Rule 505  | _          | None                        | _  | <b>s</b>   | None                               |
|    | Regulation A  | _          | None                        | _  | <b>s</b>   | None                               |
|    | Rule 504  | _          | None                        | _  | <b>s</b>   | None                               |
|    | Total   | _          | None                        | _  | <b>s</b>   | None                               |
| 4. | a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. |            |                             |  |            |                                    |
|    | Transfer Agent's Fee  |            |                             |  | <b>s</b>   | 0                                  |
|    | Printing and Engraving Costs  |            | ***********                 |  | <b>s</b>   | 0                                  |
|    | Legal Fees  |            |                             | $\boxtimes$                                  | <b>s</b>   | 7500                               |
|    | Accounting Fees   |            | *******                     | $\boxtimes$                                  | <b>s</b>   | 500                                |
|    | Engineering Fees  |            |                             |  | <b>s</b>   | 0                                  |
|    | Sales Commissions (specify finders' fees separately)  | •••••      | *************               |  | \$         | 0                                  |
|    | Other Expenses (identify)   |            |                             | $\boxtimes$                                  | <b>s</b>   | 0                                  |
|    | Total   |            |                             | $\boxtimes$                                  | <b>s</b>   | 8,000                              |
|    | b. Enter the difference between the aggregate offering price given in response to Part C - Question 1 and total expenses furnished in response to Part C - Question 4.a. This difference is the "adjusted gross proceeds to the issuer."  |            |                             |  | <b>s</b>   | 1,992,000                          |

| 5. Indicate below the amount of the adjusted gross proceeds to the left of the estimate. The total of proceeds to the issuer set forth in response to Part 6             | purpose is not known, furnish an estimate a<br>the payments listed must equal the adjus | ınd check                               |  |                |           |
|--|---|---|--|----------------|-----------|
| ** Exchange Offering -   |   | C<br>Dir                                | yments to<br>Officers,<br>ectors, &<br>ffiliates | •              | nent to   |
| Salaries and fees  |   | 🛛 <b>\$</b>                             | 700,000  | . □ <b>s</b> _ | 0         |
| Purchase of real estate  |   | 🗆 \$                                    | . 0  | <b>□</b> \$_   | 0         |
| Purchase, rental or leasing and installation of mach   | inery   |   |  |                |           |
| and equipment  |   |   | . 0  | □ <b>s</b>     | 0         |
| Construction or leasing of plant buildings and facil   | ities   |   | 0  | <b>□</b> \$_   |           |
| Acquisition of other businesses (including the valu  | e of securities involved in this  |   |  |                |           |
| offering that may be used in exchange for the asset  |   |   |  |                |           |
| issuer pursuant to a merger)   |   | <b>\_</b> \$                            | 0  | <b>□</b> \$    | C         |
| Repayment of indebtedness  |   |   | 100,000  | ⊠ s            | 192,000   |
| Working capital  |   | <del></del>                             |  | _              | 1,000,000 |
| Other (Specify)  |   |   |  | <b></b>        | 1,000,000 |
| Outer (specify)  |   |   |  |                |           |
|  |   |   | ۸  |                |           |
|  |   |   | 0  | <b>5</b> 7.∗   | 1 100 000 |
| Column Totals  |   |   | 800,000  | _              | 1,192,000 |
| Total Payments Listed (column totals added)  |   | *************************************** | ፟\$_   | 1,992          | ,000      |
| The issuer has duly caused this notice to be signed by signature constitutes an undertaking by the issuer to fi information furnished by the issuer to any non-accredite | urnish to the U.S. Securities and Exchange d investor pursuant to paragraph (b)(2) of R | Commission, upoule 502.                 | n written requ                                   |                |           |
| Issuer (Print or Type)   | Signature   | _ D                                     | ate  |                |           |
| HAYDENBURRI LANE   | I telle Haugh Bu  | Ja                                      | nuary 14, 20                                     | 08             |           |
| Name of Signer (Print or Type)   | Title of Signer (Print or Type)   |   |  |                |           |
|  | <b>_</b>  |   |  |                |           |
| Hillary Hayden Burri   | President   |   |  |                |           |
|  | ATTENTION   |   |  |                |           |
|  | ATTENTION   |   |  |                |           |
| Intentional misstatements or omis  | sions of fact constitute federal criminal vi  | iolations. (See 18 U                    | J.S.C. 1001.)                                    |                |           |

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|---|---|--|--|
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| $ldsymbol{le}}}}}}$ |   | E. STATE SIGNATURE   |  |
| 1.  |   | 2 presently subject to any of the disqualification                         |  |
|   |   | See Appendix, Column 5, for state respon                                   | nse.   |
| 2.  | The undersigned issuer hereby undertake CFR 239.500) at such times as required b      |  | tate in which this notice is filed, a notice on Form D (17   |
| 3.  | The undersigned issuer hereby undertak offerees.                                      | es to furnish to the state administrators, upon                            | written request, information furnished by the issuer to  |
| 4.  | Exemption (ULOE) of the state in which<br>burden of establishing that these condition | h this notice is filed and understands that the issue have been satisfied. | be satisfied to be entitled to the Uniform limited Offering ssuer claiming the availability of this exemption has the snotice to be signed on its behalf by the undersigned duly |
|   | horized person.   | , and contents to 22 and and any   |  |
| Lan   | uer (Print or Type)   |  | Date   |
| 155   | () [ /  | Signature  | Date   |
| HA  | AYDENBURRI LANE   | Nela Hayon   | January 14, 2008   |
| HA  | · · · · · · · · · · · · · · · · · · ·   | Title of Signer (Print or Type)  | •  |
| HA<br>Na  | AYDENBURRI LANE   | Nela Hayon   | •  |

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be

APPENDIX 2 3 Disqualification under State ULOE Type of security Intend to sell and aggregate (if yes, attach to non-accredited offering price Type of investor and explanation of waiver granted) investors in State offered in state amount purchased in State (Part E-Item 1) (Part B-Item 1) (Part C-Item 1) (Part C-Item 2) Number of Number of Series A Preferred Accredited Non-Accredited Yes No Stock Investors Investors Amount Yes No State Amount ΑL ΑK AZAR 0 Х Х CA 1 \$100,000 co CT DE DC FLGA HI ID ILIN IA KS KY LA ME MD MA ΜI MN MS MO MT NE

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|    | <br> |   |     |   |     | <br>  |      |
|----|------|---|-----|---|-----|-------|------|
| NV |      |   |     |   |     |       |      |
| NH |      |   |     |   |     |       |      |
| NJ |      |   |     |   |     |       |      |
| NM |      |   |     |   |     |       |      |
| NY |      |   |     |   |     |       |      |
| NC |      |   |     |   |     |       |      |
| ND |      |   |     |   | *** |       |      |
| ОН |      |   |     |   |     |       | .,   |
| ОК |      |   |     |   |     |       |      |
| OR | :    |   |     |   |     |       |      |
| PA |      |   |     |   |     |       | **** |
| RI | <br> |   |     |   |     |       | *    |
| SC | :    |   |     |   |     |       |      |
| SD |      |   |     |   |     |       |      |
| TN |      |   | *** |   |     |       |      |
| TX |      |   |     |   |     |       |      |
| UT |      |   |     | _ |     |       |      |
| VT |      |   |     |   |     |       | l    |
| VA |      | , |     |   |     | <br>; |      |
| WA |      |   |     |   |     |       |      |
| wv |      |   |     |   |     |       |      |
| WI |      |   |     |   |     |       |      |
| WY |      |   |     |   |     | <br>  |      |
| PR |      |   |     |   |     |       |      |

